

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Patricia Rupich
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	pat.rupich@cinbell.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice) (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input type="checkbox"/> <-- check box if no outages to report	<input type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	<input type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice) (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband) (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		
<410>	Fixed 0.04	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile 0.0	<input type="checkbox"/>	<input type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	<input type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	3050620H510.pdf (attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations (check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	3050620H610.pdf (attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband) (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability (check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? (if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
<2000>	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers (check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	305062
-------	-----------------	--------

<015>	Study Area Name	CINCINNATI BELL-OH
-------	-----------------	--------------------

<020>	Program Year	2015
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
-------	---	-----------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
-------	---	-----------------

<039> Contact Email Address - Email Address of person identified in data line <030> pat.rupich@cinbell.com

<220>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
-------	-----	------	------	------	------	------	------	-----	-----	-----	-----	-----

[illegible]

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cincbell.com

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com
<810>	Reporting Carrier	Cincinnati Bell Telephone Company LLC
<811>	Holding Company	Cincinnati Bell Inc.
<812>	Operating Company	Cincinnati Bell Telephone Company LLC

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

305062OH1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No)
(Yes/No)

☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐
☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No)

☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

- (3023) Underlying information subjected to a review by an independent certified public accountant

☐

- (3024) Underlying information subjected to an officer certification.

☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	CINCINNATI BELL-OH
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/30/2014
Printed name of Authorized Officer:	DAVID HEIMBACH
Title or position of Authorized Officer:	CHIEF OPERATING OFFICER
Telephone number of Authorized Officer:	5133971424 ext.
Study Area Code of Reporting Carrier:	305062 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	305062
<015> Study Area Name	CINCINNATI BELL-OH
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035> Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<220>

Ch

[illegible]

(800) Operating Companies		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com
<810>	Reporting Carrier	Cincinnati Bell Telephone Company LLC
<811>	Holding Company	Cincinnati Bell Inc.
<812>	Operating Company	Cincinnati Bell Telephone Company LLC

[illegible]

Cincinnati Bell Telephone Company LLC
Service Quality Standards & Consumer Protection Rules Compliance
Ohio – SAC 305062

Service Quality Standards

CBT has established procedures to ensure compliance with applicable service quality standards established by the state utility commissions and the FCC.

Consumer Protection Rules

CBT has procedures and processes in place to ensure compliance with applicable consumer protection rules, including, but not limited to: protection of CPNI as documented in its annual CPNI certification filed in EB Docket No. 06-36; FCC's Truth-in-Billing rules (47 C.F.R. § 64.2400 *et al*); Telemarketing rules (47 C.F.R. §64.1200 *et al*); Slamming rules (47 C.F.R. §64.1100 *et al*); Open Internet rules (47 C.F.R. §8.1 *et al*), and CVAA requirements (47 C.F.R. Parts 6, 7 and 14). CBT also has processes and procedures in place to address consumer complaints filed with the state utility commissions as well as complaints filed under section 208 of the Communications Act in compliance with 47 C.F.R. §§1.711 through 1.736. In addition, CBT provides 911 service throughout its service area.

Cincinnati Bell Telephone Company LLC
Functionality in Emergency Situations
Ohio - SAC 305062

4901:1-6-31 Ohio Administrative Code - Emergency and Outage Operations

- (A) Each facilities-based local exchange carrier (LEC) shall design, operate, and maintain its facilities to continue to provide customers with the ability to originate and receive calls at all times. The commission will utilize existing FCC rules applicable to emergency and outage operations. Companies shall submit outage reports utilizing, at the company's discretion, either existing FCC reports or a format determined by the commission.
- (B) Each facilities-based LEC shall submit, within two hours of discovery, to the commission's outage coordinator and when appropriate, the news media in the affected area, a notification that it has experienced an outage, whenever that outage occurs on any facility that it owns, operates, leases or otherwise utilizes and is both:
 - (1) Expected to last for a period in excess of thirty minutes.
 - (2) Potentially affects at least nine hundred thousand user minutes in the incumbent local calling area.
- (C) Each facilities-based LEC shall report, by telephone or electronic means, a disruption of 9-1-1 services, which impairs 9-1-1 service within a given county 9-1-1 system, immediately to each county 9-1-1 public safety answering point, to the Ohio 9-1-1 coordinator, and to the news media in the affected area, when appropriate.
- (D) Each facilities-based LEC experiencing a loss of communications or selective routing to a public safety answering point, as a result of an outage described under paragraphs (B) and (C) of this rule, shall also notify, as soon as possible, by telephone or electronic means, any official who has been designated by the management of the affected 9-1-1 facility as the LEC's contact person for communication outages at that facility; and the LEC shall convey to that person all available information that may be useful to the management of the affected facility in mitigating the effects of the outage on efforts to communicate with that facility.
- (E) Each facilities-based LEC experiencing an outage described under paragraphs (B) and (C) of this rule, shall electronically submit to the commission's outage coordinator the same information as that provided to the FCC or the following information:
 - (1) A notification that it has experienced a outage, which shall include the name of the reporting entity, the date and time of the onset of the outage, a brief description of the problem, the particular service affected, the geographic area affected by the outage, the number of customers affected, an estimate of when the service, including 9-1-1, will be restored, and a contact name and telephone number by which the commission's outage coordinator may contact the reporting entity.

- (2) Not later than seventy-two hours after discovering the outage, an initial communications outage report, which shall include all pertinent information then available on the outage and shall be submitted in good faith.
 - (3) Not later than thirty days after discovering the outage, the provider shall submit electronically a final communications outage report, which shall include all pertinent information on the outage, including any information that was not contained in, or that has changed from that provided in, the initial report.
- (F) Each facilities-based LEC shall develop, implement, and maintain an emergency plan and make it available for review by commission staff. The plan shall include, but not be limited to, all of the following:
- (1) Procedures for maintaining and annually updating a list of those customers who have subscribed to the federal telecommunications service priority program, as identified in 47 C.F.R. 64, appendix A.
 - (2) Procedures for priority treatment in restoring out-of-service trouble of an emergency nature for customers with a documented medical or life-threatening condition.
 - (3) In addition to the telecommunications service priority program, each LEC shall develop policies and procedures regarding those customers who require priority treatment for out-of-service clearance. Such procedures shall include a table of restoration priority, including, but not limited to, subscribers such as police and fire stations, hospitals, key medical personnel, and other utilities.
 - (4) Procedures for restoring service to priority critical facilities customers.
 - (5) Identification and annual updates of all of the facilities-based LEC's critical facilities and reasonable measures to protect its personnel and facilities.
 - (6) Assessments and evaluations of telecommunications facilities available to provide back-up service capabilities.
 - (7) Procedures for after-action assessments and reporting following activation of any part of the emergency plan. An after-action report will be written and will include lessons learned, deficiencies in the response to the emergency, and deficiencies in the emergency plan.
 - (8) A current list of the names and telephone numbers of the facilities-based LECs' emergency service personnel to contact and coordinate with in the event of any real or anticipated local or national threats to its ability to provide telecommunications service.
 - (9) A current list of the names and telephone numbers of the facilities-based LEC's emergency service personnel that is made available to the commission's emergency coordinator, upon request.

(10) A continuity of operations plan to assure continuance of minimum essential functions during a large scale event in which staffing is reduced. Such plans shall provide for:

- (a) Plan activation triggers such as the world health organization's pandemic phase alert levels, widespread transmission within the United States, or a case at one or more locations within Ohio.
- (b) Identification of a pandemic coordinator and team with defined roles and responsibilities for preparedness and response planning.
- (c) Identification of minimal essential functions, minimal staffing required to maintain such essential functions, and personnel resource pools required to ensure continuance of those functions in progressive stages associated with a declining workforce.
- (d) Identification of essential employees and critical inputs (e.g., raw materials, equipment, suppliers, subcontractor services/products, and logistics) required to maintain business operations by location and function.
- (e) Policies and procedures to address personal protection initiatives.
- (f) Policies and procedures to maintain lines of communication with the public utilities commission of Ohio during a declared emergency.

(G) Each facilities-based LEC shall amend its emergency plan in accordance with the findings identified in the after-action assessment report required under paragraph (F)(7) of this rule.

Review of CBT Ohio Facilities and Processes to Remain Functional in Emergency Situations

CBT has processes and procedures in place to comply with the requirements 4901:1-6-31 (F) O.A.C., including the following:

Batteries and Generators

All CO's (and critical ORM's) have appropriately sized generators to carry and hold the CO's for at least 18 to 24 hours and also have wet cell batteries sized to provide 6 to 8-hours of back-up power for all telecom equipment. All ORMs have wet cell batteries sized for 6 to 8-hours of back-up power and approximately 25% of the ORM building portfolio has back-up generators installed on-site. All bulk power sites (CEV's, CEC, hut and cabinets, etc.) have 10-year warranty batteries with 5-7 hours of battery back-up power. All SLC sites have recently been upgraded to 5-year warranty batteries. Finally, CBT has portable generators within the network that can be marshaled to a site if an on-site generator fails or a site without a generator needs to ride-out an emergency situation.

Diverse Facilities

CBT has circuit redundancy and route diversification built into the landline Network for all class 5 Central Offices, including Lucent 5E and Nortel DMS10 offices, as well as SS7 diversification and a robust optical SONET Transport Network. However, if/when a network outage does occur, as in the case of a cable/fiber cut that isolates segments of the Landline Network, the Network Operation Center, which

monitors the entire CBT Network, is able to quickly identify the outage condition, prioritize restoration efforts, including critical circuits/customers affected, and work with other internal groups to determine alternate routing that may be required to restore service and maintain traffic flow. Specifically, the NOC first utilizes TIRKS to determine if spare cable/fiber pairs are available to roll the affected circuits. If so, the NOC works with the Central Office technicians and cable maintenance crews to utilize the spare facilities. If spare facilities are not available, the NOC then works with the planning engineering group, as well as the facilities design group to re-design the cable/fiber routes. The NOC is a 24X7 operation, and utilizes documented callout personnel from various internal departments as necessary during off hours to ensure facilities and network traffic are re-routed as soon as possible. The Cincinnati Bell NOC acts as a Control Center during network outages and communicates progress internally during restoration efforts, including facility routing. In the case of a catastrophic network event, emergency policies/procedures are also implemented and restoration efforts are coordinated with the Disaster Recovery Team.

Congestion Management of Traffic Spikes

CBT manages network congestion resulting from emergency situations using a number of techniques including the use of call gapping and line load control features. In addition, if necessary CBT may be able access spare capacity in some areas to relieve traffic spikes resulting from emergency situations.

Cincinnati Bell Telephone Company LLC
Lifeline Terms and Conditions
Ohio – SAC 305062

Cincinnati Bell Telephone Company LLC (CBT) maintains its Lifeline terms and conditions in its Local Service Tariff, PUCO No. 1, Section 4. A copy of this tariff section follows. This tariff is available on CBT's website, www.cincinnati-bell.com. (CBT attempted to upload a link to the specific tariff section on the Form 481 but received an error message that the link contained too many characters.) The link to the Lifeline section of the tariff is:

http://www.cincinnati-bell.com/aboutus/regulatory_affairs/documents/tariffs/cbt/oh/CBT%20OH%20Local%20Service%20Tariff%20Sec%204%20Lifeline%202014%202%2001.pdf

CBT Lifeline customers who purchase flat rate local telephone service receive unlimited local calling throughout the basic local calling area as part of the monthly service price. Customers who purchase local measured service pay \$0.03 per originating minute of use for all calls in the basic local calling area. Measured service customers may receive an unlimited number of calls for no additional charge. (See CBT's Local Service Tariff, PUCO No. 1 at www.cincinnati-bell.com for detail regarding CBT's flat rate basic local exchange service. See CBT's Residence Service Agreement – Local Telephone Service at www.cincinnati-bell.com for detail regarding measured service.)

CBT's Lifeline service does not include any long distance usage. To place long distance calls, customers must presubscribe to an interexchange carrier (CBT is not an interexchange carrier) or use casual calling. Charges will depend on the services and carrier the customer chooses for long distance.

LOCAL SERVICE TARIFF
PUCO NO. 1

CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4
1st Revised Page 1
Cancels Original Page 1

LIFELINE (T)

A. LIFELINE ASSISTANCE

1. Regulations (T)

a. Benefits (T)

Lifeline shall be a flat-rate, monthly, primary access line service with touch-tone service, or any other services and bundles or packages of services, if available to customers, less the Lifeline discount, and shall provide the following:

1. A recurring discount to the monthly basic local exchange service rate or other local service rate that provides for the maximum contribution of federally available assistance. (T)
2. Not more than once per customer at a single address in a twelve-month period, a waiver of all nonrecurring service order charges for establishing service. (See Note 1.) (T)
3. Free blocking of toll service, 900 service and 976 service. (T)
4. A waiver of the federal universal service fund end user charge (T)
5. A waiver of the Company's local telephone service deposit requirement. (T)

Note 1: The Lifeline nonrecurring charge waiver applies only to establishing access line service. The waiver does not apply to nonrecurring charges for optional services or features ordered with the access line including charges to establish a service bundle.

Issued: May 30, 2012

Effective: June 1, 2012

By: Ted Heckmann, Assistant Secretary
and Managing Director, Regulatory Affairs

In accordance with
Case No. 12-1701-TP-ATA

LOCAL SERVICE TARIFF
PUCO NO. 1

CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4
1st Revised Page 2
Cancels Original Page 2

LIFELINE

(T)

A. LIFELINE ASSISTANCE (Continued)

1. Regulations

(T)

b. Eligibility

(T)

Lifeline Assistance is available to residential customers who are currently participating in one of the following federal or state low-income assistance programs that limit assistance based on household income:

1. Federal Public Housing Assistance or Section 8
2. General Assistance, including disability assistance (DA)
3. Home Energy Assistance Programs (HEAP, LIHEAP, E-HEAP)
4. Medical Assistance under Chapter 5111 of the Ohio Revised Code (Medicaid) or any state program that might supplant Medicaid.
5. National School Lunch Program's Free Lunch Program
6. Supplemental Nutritional Assistance Program (SNAP/Food Stamps)
7. Supplemental Security Income (SSI) under Title XVI of the Social Security Act
8. Supplemental Security Disability Insurance - blind and disabled (SSDI)
9. Temporary Assistance for Needy Families (TANF/Ohio Works)

(T)

(T)

Lifeline Assistance is also available to customers whose total household income is at or below one-hundred fifty percent (150%) of the federal poverty level.

The Company shall require as proof of eligibility for Lifeline Assistance a document, signed by the customer, that includes all customer identifying information, certifications, and documentation of eligibility required by state and/or federal regulations. To fulfill these requirements, a Customer must complete, sign, and return the Company's Lifeline application form with documentation of Lifeline eligibility attached to the form. Lifeline benefits will begin once the completed application form and documentation of eligibility are reviewed and processed in accordance with any applicable state and federal requirements. Customers will not receive retro-active Lifeline credits for periods prior to receipt of the completed application and supporting documentation of eligibility.

(C)

(C)

The Company shall establish procedures to verify and/or certify an individual's continuing Lifeline eligibility in accordance with FCC requirements.

(C)

(C)

If a customer disagrees with the Company's findings regarding continued eligibility for Lifeline benefits, the customer may make an informal/formal complaint with the Public Utilities Commission of Ohio.

(M)

|

(M)

Note: Some material on this page previously appeared on Original Page 8 of this section.

Issued: May 30, 2012

Effective: June 1, 2012

By: Ted Heckmann, Assistant Secretary
and Managing Director, Regulatory Affairs

In accordance with
Case No. 12-1701-TP-ATA

LOCAL SERVICE TARIFF
PUCO NO. 1

CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4
1st Revised Page 3
Cancels Original Page 3

LIFELINE

(T)

A. LIFELINE ASSISTANCE (Continued)

1. Regulations (Continued)

(T)

(D)

—

(D)

c. Payment Arrangements

(T)

Customers qualifying for Lifeline Assistance with past due bills for regulated local service charges shall be offered special payment arrangements with the initial payment not to exceed \$25.00 before service is installed, with the balance for the regulated local charges to be paid over six equal monthly payments. Lifeline service customers with past due bills for toll charges shall have toll restricted service until such past due toll charges have been paid in full or until the customer establishes service with a subsequent toll provider.

(C)

Issued: May 30, 2012

Effective: June 1, 2012

By: Ted Heckmann, Assistant Secretary
and Managing Director, Regulatory Affairs

In accordance with
Case No. 12-1701-TP-ATA

LOCAL SERVICE TARIFF
PUCO NO. 1

CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4
1st Revised Page 4
Cancels Original Page 4

LIFELINE

(T)

A. LIFELINE ASSISTANCE (Continued)

1. Regulations (Continued)

(T)

d. Terms and Conditions

(T)

All aspects of Lifeline Assistance shall be consistent with the federal requirements and any additional state-specific requirements as established in 4901:1-6-19 O.A.C. or these regulations as they may subsequently change. Additional state-specific requirements are tariffed in parts A.1.a., A.1.b., and A.1.c. of this section.

(C)

(C)

(D)

(D)

Issued: May 30, 2012

Effective: June 1, 2012

By: Ted Heckmann, Assistant Secretary
and Managing Director, Regulatory Affairs

In accordance with
Case No. 12-1701-TP-ATA

LOCAL SERVICE TARIFF
PUCO NO. 1

CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4
1st Revised Page 5
Cancels Original Page 5

LIFELINE

(T)

A. LIFELINE ASSISTANCE (Continued)

RESERVED

(T)

(D)

(D)

Issued: May 30, 2012

Effective: June 1, 2012

By: Ted Heckmann, Assistant Secretary
and Managing Director, Regulatory Affairs

In accordance with
Case No. 12-1701-TP-ATA

LOCAL SERVICE TARIFF
PUCO NO. 1

CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4
1st Revised Page 6
Cancels Original Page 6

LIFELINE

(T)

A. LIFELINE ASSISTANCE (Continued)

RESERVED

(T)

(D)

(D)

Issued: May 30, 2012

Effective: June 1, 2012

By: Ted Heckmann, Assistant Secretary
and Managing Director, Regulatory Affairs

In accordance with
Case No. 12-1701-TP-ATA

LOCAL SERVICE TARIFF
PUCO NO. 1

CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4
1st Revised Page 7
Cancels Original Page 7

LIFELINE

(T)

A. LIFELINE ASSISTANCE (Continued)

RESERVED

(T)

(D)

|

(D)

Issued: May 30, 2012

Effective: June 1, 2012

By: Ted Heckmann, Assistant Secretary
and Managing Director, Regulatory Affairs

In accordance with
Case No. 12-1701-TP-ATA

LOCAL SERVICE TARIFF
PUCO NO. 1

CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4
1st Revised Page 8
Cancels Original Page 8

LIFELINE

(T)

A. LIFELINE ASSISTANCE (Continued)

RESERVED

(T)

(D)

(D)

(M)

(M)

Note: Some material appearing on the prior version of this page now appears on 1st Revised Page 2 of this section.

Issued: May 30, 2012

Effective: June 1, 2012

By: Ted Heckmann, Assistant Secretary
and Managing Director, Regulatory Affairs

In accordance with
Case No. 12-1701-TP-ATA

LOCAL SERVICE TARIFF
PUCO NO. 1

CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4
4th Revised Page 9
Cancels 3rd Revised Page 9

LIFELINE

A. LIFELINE ASSISTANCE (Continued)

2. Rates and Charges

a. Price Flexibility

All of the Company's exchanges have been deemed competitive and have been accorded the pricing flexibility defined in 4901:6-14 (C) O.A.C. which caps BLES monthly rates at annual increases of no more than \$1.25 per line.

The annual period for rate increases is defined to begin on the anniversary date.

b. Monthly Pricing with Lifeline

All Lifeline customers receive an FCC prescribed \$9.25 discount on their local monthly service rates. This discount is first applied to waive the federal end user common line charge with the remainder applied to the Customer's monthly BLES, measured service, or bundle rate.

Lifeline customers with BLES receive an additional CBT-funded discount under the Commission's previous alternative regulation rules, 4901:1-4-11 O.A.C. effective August 7, 2006. This additional discount varies by exchange as follows.

<u>Exchange</u>	<u>Additional Monthly Lifeline Discount</u>
Cincinnati and Hamilton	6.25
Bethany, Harrison, Little Miami, and Williamsburg	3.75
Clermont and Newtonsville	2.50
Bethel, Reily, Seven Mile, and Shandon	1.25

Issued: June 29, 2012

Effective: August 1, 2012

By: Ted Heckmann, Assistant Secretary
and Managing Director, Regulatory Affairs

In accordance with
Case No. 12-1954-TP-ATA

(D)
|
(D)

LOCAL SERVICE TARIFF
PUCO NO. 1

CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4
3rd Revised Page 10
Cancels 2nd Revised Page 10

LIFELINE

(T)

A. LIFELINE ASSISTANCE (Continued)

RESERVED

(T)

(D)

(D)

Issued: May 30, 2012

Effective: June 1, 2012

By: Ted Heckmann, Assistant Secretary
and Managing Director, Regulatory Affairs

In accordance with
Case No. 12-1701-TP-ATA

LOCAL SERVICE TARIFF
PUCO NO. 1

CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4
6th Revised Page 11
Cancels 5th Revised Page 11

LIFELINE

B. LIFELINE RECOVERY SURCHARGE

1. General

Incumbent Local Exchange Carriers (ILECs), in accordance with Section 4927.13 (D) of the Revised Code, may recover from end users any Lifeline service discounts that are not recovered through state or federal funding or whose recovery is prohibited by law. In accordance with 4901:1-6-19 (P) O.A.C., ILECs may recover these discounts through a customer billing surcharge on retail customers, excluding those with Lifeline service.

The Company's Lifeline Recovery Surcharge is calculated to recover the difference between the Company's Lifeline prices and the Company's standard retail service prices, minus any portion of the price differences that are recovered through federal or state funding. The Company will update this calculation at least once per year in accordance with 4901:1-6-19 (R) O.A.C.

The Lifeline Recovery Surcharge is imposed on each residence, nonresidence, and payphone access line, other than Lifeline service. For purposes of application of this surcharge, access lines are defined as facilities, which provide access to and from the telecommunications network for toll service and for local calling. Not included in this definition are remote call forwarding and Cincinnati Bell official accounts.

2. Rates and Charges

Monthly Charge

Lifeline Recovery Surcharge, per Line:	\$ 0.08	(R)
--	---------	-----

Issued: January 31, 2014

Effective: February 1, 2014

By: Ted Heckmann, Assistant Secretary
and Managing Director, Regulatory Affairs

In accordance with
Case No. 11-1339-TP-ATA